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CONFIRMATION NO. 3784

|                             |                                       |              |                        |                              |
|-----------------------------|---------------------------------------|--------------|------------------------|------------------------------|
| SERIAL NUMBER<br>10/709,785 | FILING DATE<br>05/27/2004<br><br>RULE | CLASS<br>362 | GROUP ART UNIT<br>2875 | ATTORNEY DOCKET NO.<br>03955 |
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

NONE MKB

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE MKB

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 07/02/2004

|   |                           |                        |                       |                            |
|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no   | STATE OR<br>COUNTRY<br>MI | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>20 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                           |                        |                       |                            |
| Verified and Acknowledged<br>Examiner's Signature: <u>Megha Sundar</u> Initials: <u>MKB</u>   |                           |                        |                       |                            |

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036547  
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TITLE  
DUAL FUNCTION CONSOLE LAMP WITH INTEGRATED SWITCHING

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>770 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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